



1641

AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-PM 4097	
SERIAL NO: 09/575,061	FILING DATE: May 19, 2000	EXAMINER: G. Gabel	GROUP ART UNIT: 1641	
INVENTION: DIAGNOSIS, PREVENTION AND TREATMENT OF CROHN'S DISEASE USING THE OmpC ANTIGEN				

TO COMMISSIONER FOR PATENTS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on December 13, 2001.

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TECH CENTER 1600/2900

By: Kimberly J. Prior
Kimberly J. Prior, Reg. No. 41,483
December 13, 2001
Date of Signature

Transmitted herewith is Response to Office Action mailed October 3, 2001, in the above-identified application.

- ☒ Appendix A attached to Response to Office Action mailed October 3, 2001.
- ☒ Appointment of Associate Attorney.
- ☐ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☐ Petition for Extension of Time is enclosed (in duplicate).
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	13	-	20	-	0	x	\$9	\$18	=	\$0.00	\$0.00
INDEPENDENT CLAIMS	4	-	4	-	0	x	\$42	\$84	=	\$0.00	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		\$140	\$280	=	\$0.00	\$0.00
							TOTAL ADDITIONAL FEE			\$0.00	\$0.00

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventors: Targan et al.
Serial No.: 09/575,061
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☐ Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$_____ is enclosed, \$_____ of which covers the fee for a _____-month extension of time.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.

☒ Any additional filing fees required under 37 C.F.R. 1.16.

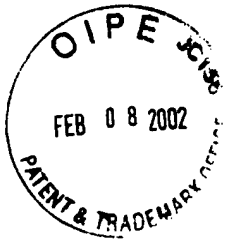
☒ Any patent application processing fees under 37 C.F.R. 1.17.

☒ The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Kimberly J. Prior
Registration No.: 41,483
CAMPBELL & FLORES LLP
4370 La Jolla Village Drive
7th Floor
San Diego, California 92122
858-535-9001
USPTO CUSTOMER NO. 23601



Appointment of Associate Attorney

Attorney Docket No.: P-PM 4097

Serial No.: 09/575,061

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By *Kimberly J. Prior*
Kimberly J. Prior, Reg. No. 41,483

December 13, 2001

Date of Signature